

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement for date of service 1-15-02.
- b. The request was received on 5-13-02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. HCFAs
 - c. EOBs
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Medical Records
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 9-16-02. Per Rule 133.307 (g) (4) or (5), the carrier representative signed for the copy on 9-16-02. The response from the insurance carrier was received in the Division on 9-18-02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Additional Information Submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: No Position Statement:
2. Respondent: Letter dated 9-18-02:

"B. It is this carrier's position that the level of service necessary to bill for CPT code 99214 is not documented...This carrier supports the position that the 99214 level of office visit was not documented for date of service 01/15/02 (See requester's TWCC 60

packet) with a comparison of the requester's documentation with the American Medical Association's requirements for a detailed history, examination and medical decision making of moderate complexity level office visit."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 1-15-02.
2. The Carrier has denied the disputed service as reflected on the EOB as, "COD1-F,T,N DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
1-15-02	99214	\$80.00	\$-0-	COD1 F,T,N	\$71.00	MFG; Evaluation and Management (VI) (B); CPT Code Descriptor	<p>The Carrier has denied the disputed charge as "COD1 F,T,N".</p> <p>The Medical Fee Guideline defines the CPT Code 99214 as, "Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components; a detailed examination; medical decision making of moderate complexity...".</p> <p>In reviewing the office note dated 1-15-02, the MDRO noted that an exam was performed. Vital signs and medications were listed as well as a problem focused exam wherein current complaints and symptoms were discussed. However, no detailed systemic exam, detailed history, nor decision making of moderate complexity was noted.</p> <p>Documentation is insufficient to support the service as billed.</p> <p>Therefore, no reimbursement is recommended.</p>
Totals		\$80.00	\$-0-				The Requestor is not entitled to reimbursement.

MDR: M4-02-4772-01

The above Findings and Decision are hereby issued this 21st day of October 2002.

Lesa Lenart
Medical Dispute Resolution Officer
Medical Review Division

LL/ll